

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

10/5/1992  
10/5/1992

|   |  |   |              |
|---|--|---|--------------|
| 1 Date of Request: _____                  |  | 2 Serial/Patent # _____   |              |
| 3 Please refund the following fee(s):     |  | 4 PAPER NUMBER  | 5 DATE FILED |
| Filing                                    |  |   | \$           |
| Amendment                                 |  |   | \$           |
| Extension of Time                         |  |   | \$           |
| Notice of Appeal/Appeal                   |  |   | \$           |
| Petition                                  |  |   | \$           |
| Issue                                     |  |   | \$           |
| Cert of Correction/Terminal Disc.         |  |   | \$           |
| Maintenance                               |  |   | \$           |
| Assignment                                |  |   | \$           |
| Other                                     |  |   | \$           |
|   |  | 7 TOTAL AMOUNT OF REFUND  | \$           |
|   |  | 8 TO BE REFUNDED BY:  |              |
|   |  | Treasury Check  |              |
| 10 REASON:                                |  | Credit Deposit A/C #:   |              |
| Overpayment                               |  |   |              |
| Duplicate Payment                         |  | 9 <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/>        |              |
| No Fee Due (Explanation):                 |  |   |              |
|   |  |   |              |
|   |  |   |              |
|   |  |   |              |
| 11 REFUND REQUESTED BY:                   |  |   |              |
| TYPED/PRINTED NAME: _____                 |  | TITLE: _____  |              |
| SIGNATURE: _____                          |  | PHONE: 2/2/2005 PKIDWELL 0010345400<br>DIA: 132725 Name/Number 13518225<br>PC: 3284 \$500.00 CR |              |
| OFFICE: ****                              |  | *****   |              |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: |  |   |              |
| APPROVED: _____                           |  | DATE: _____   |              |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**